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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 197, vol. xxxvii.]

EPSOM.—Since the appearance of the preceding paper, the writer has had an opportunity of revisiting and repeating his observations at some of the Continental mineral springs—Aix-la-Chapelle, Wiesbaden, &c. He will reserve for a future occasion his notice of these, and of the mineral waters of this country.

Fibrin.—It is, perhaps, scarcely necessary here to remark, that Mulder's view of the nature of fibrin is, at present, the one generally received. His opinion is, that there is a certain substance, called protein, of which albumen, fibrin and casein, are modifications. This chemist also first announced the fact, that fibrin exists in vegetable, as well as in animal bodies. It is found in two states—in solution in the blood, and organized into muscle. For minute chemical details respecting it, I refer the reader to works of systematic chemistry.

Although it was immemorially known that human life could be supported on vegetable food alone, yet Mulder's discovery of the presence of fibrin, in this species of aliment, opened a considerable light, both on the uses and organization of the vegetable kingdom, and on the physiology of the nutrition of animals. It showed that the vegetable kingdom is a vast laboratory, mediate between lifeless and inorganic substances, on the one hand, and organized and vitalized creation on the other; and that at least one principal use of this laboratory is, first, to draw from minerals, and then to organize certain principles which, thus prepared, are suited to sustain the various tribes of animals.

If, as is alleged, vegetable substances contain the protein compounds, equally with animal substances, we do not perceive how it is consistent, in those who hold this view, to insist, as some of them do, on the absolute necessity of nitrogenous food (meaning thereby animal diet) for the full preservation of health.

The truth is, as the writer has elsewhere cited facts to show, that the views recently announced by Liebig, and adopted by certain chemists of this country, as to the supposed necessity of nicely-arranged proportions of calorifiant, or respiratory food, on the one hand, and of nitrogenous aliment, on the other, are greatly, if not entirely, speculative, and are no way countenanced by facts and experience. The Gauchos of

South America—not to instance other examples—live on animal food, to the *total* exclusion of vegetable, and are the healthiest, most vigorous, and best-formed men. On the other hand, many Asiatic tribes live on grains or vegetables, to the *total* exclusion of animal food; but examples exist nearer home. Where shall we see a more muscular and vigorous race than the Irish peasantry? Yet nineteen-twentieths of these pass from January to December without ever tasting aught but potatoes and buttermilk.

With these facts before us, we may well wonder at the pertinacity with which various recent writers, on grounds purely speculative, waste their own and their reader's time in laborious expositions of the alleged necessity, and calculations on the proper proportions, of a mixed diet. It is said that animal diet is peculiarly prophylactic of fever, &c.—an allegation without proof. In all cases in which this statement seems, but seems only, to be borne out by facts, it will be found, on inquiry, that while there was a destitution of animal food, there was also a destitution of good farinaceous and vegetable diet. But where can an example be produced of disease making progress in a community *abundantly* supplied with *wholesome* vegetable aliment, where the evil was not to be accounted for on grounds other than the want of animal diet? There is no doubt that a man accustomed to animal food, and suddenly reduced to vegetable, is apt to fall into disease, or to become a victim of any prevailing epidemic. But the converse is equally true—namely, that habitual vegetable feeders, suddenly using animal diet, suffer serious inconveniences and risks.

Even as it regards disease, it is far from settled in what cases vegetable and animal diet is respectively most appropriate. In cases of anæmia, and convalescence from diseases attended with great absorption of the solids, animal diet is most suitable. On the other hand, all affections resulting from, or accompanied by, plethora, all cases of phlegmonous tumors; all affections of the lungs, liver, or gastro-enteric mucous surfaces, attended with hyperæmia and *tenderness*, are best treated by a farinaceous or even an herbaceous diet. The less exciting effect of vegetable than of animal diet is explicable on the principles stated in a former paper.

Flatulence.—Flatulence of the stomach and bowels has two principal sources—the liquid and solid alimentary ingesta, and (as some assert) exhalation from the mucous membrane. We must frankly own that we have yet met with no grounds other than conjectural for the latter view; we are aware of no *facts* that prove it. True, indeed, John Hunter—an authority not lightly to be questioned—supposed exhalation from the mucous surface to be an occasional source of gaseous distention; still we must repeat our opinion, that the alleged fact rests on no *positive* evidence; while there are not a few strong presumptions against it, into the consideration of which, however, it would not be expedient to enter now. Suffice it only here to observe, that if the rapid meteorismi or pneumatoses which arise in the last stages of adynamic fevers, &c., seem to prove the fact of the sudden secretion of gases by the mucous mem-

brane, is it not just as likely, we would ask, that the phenomena named are due to the suspension of secretion and nervous action in the stomach and bowels, and the opportunity thence afforded for the play of the ordinary chemical affinities in the aliment or *excretions* in the stomach and intestines—nay, perhaps, to some morbid secretions, the consequence of depressed or dormant vital power, and which actually favor the occurrence of ordinary chemical action in the contents of the bowels, and the thence resulting extrication of gases? This, at least, is a more *probable* supposition than the other.

On the same principle, I would account for the air eructated in gastritis, hepatitis, &c. The vital and conservative power of the mucous membrane being in these cases greatly reduced, while, at the same time, the temperature of the stomach is greatly augmented, the play of *non-vital* chemical affinities is favored—the stomach's own *infra-natural* secretions becoming the ready subject of these.

A third source of gaseous fluid in the stomach and intestines may be named, though we consider it as of little importance—namely, the atmospheric air swallowed in the acts of mastication and deglutition, and mechanically contained in the articles eaten, as, for example, in the pores of bread, &c.

The gases of the stomach are principally nitrogen, oxygen and carbonic acid, nearly in the proportions of atmospheric air. The gases of the intestines are those now named, and, in addition, carbonetted hydrogen, hydrogen, and occasionally sulphuretted hydrogen. The intestinal gases are further often loaded with vaporous particles of the fœtid contents of the bowels.

Flatulence, as we have formerly remarked, is often due to an inefficient action of the liver, and a deficiency of bile in the intestines. Whatever promotes the hepatic secretion tends to remove flatulence of this origin; hence, a few drops of colchicum wine are often effectual. Still more sure are minute doses of mercury. An ante-dinner and an evening pill, consisting of a grain of blue pill and three of extract of rhubarb, acts with wonderful good effect in many cases of this kind, in which, along with flatulence, there are slight constipation, yellow-furred tongue, ill-tasted mouth, &c. As in gastro-duodenitis, there is often, from the vascular tumescence of the duodenal mucous membrane, a constriction, and sometimes complete temporary occlusion of the mouth of the ductus communis choledochus, with, of course, interruption to the discharge of bile; hence, in part, the flatulent eructations, &c., which accompany gastro-duodenitis. It is far from unlikely that the pancreatic duct and secretion are often affected in a similar way; but for some unaccountable reason, it has not pleased pathologists of any age to pay much attention to this unobtrusive viscus—some seeming even to think that it, as well as the spleen and supra-renal capsules, are not necessary, because not understood.

Treatment.—When the tongue is pale, when there is no tenderness on pressure at the epigastrium, or in the right hypochondrium, when there is no thirst, no dry heat of skin, and no quickness of pulse, flatulence

requires carminatives, bitters, and even stimulants. Thus the patient may be directed to use freely any of the following waters:—cinnamon, fennel, cassia, pimento, peppermint, pennyroyal, mint, Cologne, lavender, caraway, aniseed, dill, balm; to these, some of the respective tinctures may be added. With the carminative waters just named, one or more of the following bitters may be given—camomile, quassia, columba, absinthium, rhubarb, to which may be added valerian, castoreum and camphor. As an expellent of flatus existing in the bowels, assafoetida, or oil of turpentine, the former given by the mouth, or in injection; the latter, in injection, are superior to all things else, excepting, perhaps, the infusion and spirit of armoracia.

Secondly. If flatulence is accompanied with a dry and preternaturally red tongue and fauces, with thirst, heat of skin, tenderness of epigastrium, scanty and high-colored urine, heartburn, &c.—in short, with symptoms of inflammatory irritation of the gastro-duodenal mucous membrane, then alteratives are clearly indicated, or rather such substances as promote the secretions of the mucous membrane; these are ipecacuan, sulphur, potassio-tartrate of antimony, the various preparations of mercury, magnesia, iodine, nitrate of silver. These we would be disposed to give a trial to successively, almost in the order in which we have named them. But a great variety of other means may be tried, and among these the following, in those cases in which flatulence is accompanied with obvious torpor and fulness of the liver, as well as with gastric irritation. The wine of colchicum, for example, may be given with a few grains of the sulphate of potass, or if there are acrid eructations and heartburn, with carbonate of magnesia; the infusion or tincture of arnica may be given in the same combination, and so may the powder and extract of cusparia. In short, instead of perplexing our minds with the confused subdivisions of authors, whose classifications betray they had no clear and scientific notions of the proper treatment of flatulence, the simple point to be ascertained and kept in view is, whether flatulence (always a mere symptom) is or is not attended with inflammatory irritation, is or is not attended with stomachic debility—and according as we decide these queries, we adopt the former or latter modes of treatment above enumerated.

When the eructations are acid, the most of vegetables in common use, except the cereal, must be abstained from. As Dr. Prout remarks, that, in the treatment of saccharine diabetes, he has seen the incautious use of one or two ripe pears undo all the apparent improvement of weeks or months of skilful medicinal and dietetic management, so it often happens in persons subject to flatulence, that a very minute and apparently trivial indulgence induces not unfrequently the utmost degree of uncomfortable gaseous distension, with its attendant sufferings, headache, &c. This is less to be wondered at, when it is considered that, according to Dr. Hales, the quantity of gas extricated from an apple, in the course of its undergoing the fermentative process, amounts to nearly 700 times its bulk.

Cases occur in both sexes of a sort of passive flatulence, so to name it—

namely, meteorismus, unattended with any marked signs of stomachic or intestinal irritation, or with much discomfort, excepting the frequent necessity of getting rid of the flatus. In such cases, the flatus is usually nearly or wholly free of ill odor, and probably consists of nitrogen, oxygen, and perhaps carbonic acid, in nearly the proportions of atmospheric air. The treatment of these cases I have found more troublesome than their simple nature would lead, *a priori*, to expect. One or two have entirely baffled every form of treatment adopted, and the last accounts from one patient, a clergyman in the South of England, inform me that the annoying affection continues just as it was when he first put himself under my care nearly two years ago.

There can be little doubt that the occurrence of flatulence is immensely favored by the temperature at which many persons swallow soups, coffee, tea, &c., and the debilitating effect which large and systematic potations of the latter have on the functions and secretions of the gastro-enteric mucous membrane. The truth is, that cold, applied in drinks of low temperature, and even in iced fluids, is not less remarkable as a *stomachic tonic*, than is the *external* application of cold as a tonic of the sentient and motor nerves.

In connection with the present notice we refer the reader to the former notices of carminatives, condiments, &c., in preceding numbers.
—*London Lancet.*

THE BITE OF THE RATTLESNAKE.

BY CHARLES A. PHELPS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE fate of the late lamented Dr. Wainwright, of New York, gives at this time a sad interest to inquiries on this subject. In the account of his case published in the newspapers, the full details of his treatment are not given. There is one remedy, however, which appears deserving of further trial. I refer to olive oil.

In the Philosophical Transactions of the Royal Society of London, for the year 1734, mention is made of a viper catcher, who having been frequently bitten, had always cured himself with sweet olive oil. He was induced to make trial of its effects at a meeting of the Royal Society. Stripping his arm, he compelled the enraged animal to strike him forcibly. The poison was allowed to act upon his system until his head, face and tongue were greatly swollen, his face and arm quite black, and his senses much affected. Oil was then given internally, and the wound freely bathed with the same, after which he gradually but soon recovered. In the same volume an account is furnished of some experiments made subsequently at Oxford, in which a viper could not be made to bite a part of the hand which had been smeared with oil, although it did so readily after the oil was removed. These undoubtedly were the common English vipers—the *coluber berus* of Linnaeus.

In Vol. II., No. 2, of the Medical Repository, published in New York in 1798, an article is found narrating its use in South Carolina in 1786, in the case of a woman bitten by the deadly rattlesnake of our country (the *crotalus* of Linnæus). In this instance the head and face were greatly swollen, the tongue swollen and protruded, the face black, the senses affected, and extreme difficulty in respiration. Two drachms of olive oil were administered internally, followed by an immediate abatement of the symptoms, and in thirty minutes by emesis and dejections. After this he became rapidly convalescent, and soon wholly recovered.

To come nearer home, I would mention a case related to me several years since by Dr. A. Phelps, of this city. It was that of a man who had some fifty rattlesnakes which he exhibited. Imprudently exposing himself on one occasion, he was severely bitten in the hand. The usual symptoms immediately manifested themselves. Olive oil was given internally, and the hand and wrist immersed in the same for twelve hours. In a short time after the oil was exhibited, the symptoms subsided, and the following day the man was as well as usual.

This remedy was used successfully at Dresden by Dr. Vater. Also in England by Mr. Oliver (for the history of his experiments, see Philosophical Transactions, Vol. XXXIX). It is said to have been used ineffectually at Paris by Messrs. Geoffroy and Hunauld, of the Royal Academy. Combined with ammonia it was highly recommended by the celebrated Bernard de Jussieu. Dr. Mead tells us that the viper catchers in England used, as a specific upon which they placed the greatest reliance, the *axungia*! of the viper rubbed into the wound. The ointment of M. Gondret was prepared with oil of olives, $\frac{3}{4}$ ss.; tallow, $\frac{3}{4}$ ss.; ammonia, $\frac{3}{4}$ j. Orfila, in his work on Poisons, recommends the application of heated olive oil to the wound. The famous *eau de luce*, which was attended with success in the hands of de Jussieu and M. Sonnini, the latter of whom, in his Travels in Greece and Turkey, details an interesting case of a child cured by its use, is well known to have been composed of oleum succini in union with a volatile alkali. Is it not probable that these remedies acted in a similar manner to olive oil itself?

It is not necessary to speak here of the various other remedies advised in the treatment of these venomous bites. It is to be regretted that opinions on this subject are so unsettled, and that more satisfactory results have not been always reached. I would ask, however, if the foregoing does not warrant a further use of olive oil. Whether any resort was had to it in the case of Dr. W. before alluded to, I am not informed.

Boston, January 14th, 1848.

NITRATE OF SILVER IN MEMBRANOUS CROUP.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The reading of the case of membranous croup, treated with nitrate of silver, reported by Dr. C. E. Ware in your Journal, No.

21, vol. 37, has induced me to send you the following case, which came under my observation, for insertion in the Journal, if you think best.

On the 23d of November last, I was requested to visit H. P., aged about 15 years, laboring, as her parents supposed, under a severe and protracted cold. Her disease, in fact, was *cynanche trachealis*, evidently, in my mind, to prove fatal soon, unless something could be done to remove the *false membrane* which had been formed, nobody knows how long. It was a case characteristic of croup in its last stages; face flushed and swollen; eyes protuberant; breathing was performed with a frightful hissing noise; pulse 110 in a minute. Gave her an emetic immediately, which gave temporary relief. Ordered onion poultice to the neck, and prescribed such other medicines as in my judgment were called for. This was in the evening. Visited her the next morning. As I anticipated, I found her no better. Could hear her breathe, although in an adjoining room with closed doors. Realizing sensibly, that her case would soon prove fatal, unless some more efficient means could be devised, I resolved, as a *dernier resort*, to make use of a strong solution of nitrate of silver. It was accordingly prepared, and a spongy substance, well saturated with it, was introduced low down into the trachea. The breathing presently grew worse; but within an hour looseness seemed to take place, which promised relief. Considerable slimy, ropy matter was got rid of, which, as the saying is, seemed to come from the "right spot," and within an hour and a half from the time the solution was made use of, a piece of false membrane was thrown off, an inch long, hollow, tube-like. The effect was immediate relief. Her breathing, which was distressingly performed but a short time previously, was now nearly natural, and she could talk distinctly, which she had not done for many days before.

So much for the nitrate of silver in this case. What it will do in all similar cases, I cannot say. At any rate, if one presents itself, which I sincerely pray never will, I shall most assuredly give it a fair trial. In conclusion, I would say, that I have not the least doubt that it saved the life of the patient above referred to. L. ALDRICH.

Reading, Vt., Feb., 1848.

EFFECTS OF ACIDS ON THE TEETH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I beg leave, through the pages of your valuable Journal, to call the attention of medical practitioners to the importance of counselling their patients in regard to thoroughly cleansing the mouth after taking medicines containing acids. All physicians do not pay proper attention to this subject, as many persons, recovering from a lingering illness with their teeth irreparably ruined, can testify. I have often known medicines administered, the acrid properties of which were capable of producing serious injury to the teeth and contiguous parts, unaccompanied by a word of caution or advice as to warding off their evil effects. The

teeth being composed mostly of phosphate and carbonate of lime, are readily acted upon by any acid. It has been found by experiment that all mineral and vegetable acids readily act upon their structure. From experiments instituted by Prof. Westcott, for the purpose of ascertaining some of these effects, it was found that "acetic" acid would so corrode the enamel in forty-eight hours, that it could easily be removed by the finger nail; likewise that "citric" acid, or lemon juice, when brought in contact, still more readily acted upon the teeth, and also sulphuric and nitric ether, as well as spirits of nitre. Hence we see how necessary that the greatest caution should be exercised to keep substances from remaining in contact with organs thus constituted, by thoroughly cleaning the mouth after taking them. Acids are often far more destructive in their effects than caries, the latter disease frequently confining its effects to an occasional tooth, forming a cavity that can either be filled or eradicated with the file; whereas the former attacks indiscriminately the polished surfaces of the whole range of teeth that may have been in contact with the acid, sometimes completely removing their enamel, and exposing their bony structures to certain destruction.

But a short time ago I examined the mouth of a lady who had but recently recovered from a protracted illness, that presented a lamentable appearance. She stated that previous to her sickness she was not aware that she had more than one or two decayed teeth, and these in the lower jaw; whereas, now the incisors, cuspids and bicuspid, of the superior maxillary, were involved in almost utter ruin, the enamel being wholly removed from around their necks, the cause being imputed to taking medicines containing mineral acids.

Hundreds have had their teeth destroyed by acid tonics carelessly administered, without any means being recommended or adopted to counteract their injurious properties. It is true that calomel is the scape goat that is saddled with the sins that should otherwise be laid at the door of the physician. Should not every practitioner's conscience hold him strictly accountable for any injuries his medicines may inflict upon the dental organs, that might have been prevented by a word of timely caution or advice? It should be borne in mind that these organs are not so highly organized as others, not having the power of restoration. Let a membrane become exposed or a tooth deprived of its enamelled coating, and it is, as it were, irrecoverably lost; the constitution possesses no recuperative power to repair the injury. It is a lamentable fact that the peculiar structure of the teeth, and their liability to be injured by external agents, has not been duly considered; for in no other way can we account for the erroneous ideas entertained by men whose province it should be to promote, as far as possible, the health of the buccal cavity on account of its relations and bearings to every part of the body. When the mouth becomes diseased, all other organs of the system must be more or less deranged.

It should, then, be the province of every physician, when compelled to administer medicines that contain acids, to advise patients to adopt some means to prevent their evil effects on the teeth. This can be ac-

complished, in a great measure, by the frequent application of an alkaline dentifrice and a soft brush, also by rinsing or gargling the mouth with a weak solution of carbonate of soda, or any mild astringent, after each dose of medicine.

I offer the above remarks with all deference to the profession, being mainly influenced in so doing by the strong conviction of the importance of saving and keeping in health these valuable organs, so intimately connected with the well-being of the whole animal economy.

Morristown, N. J., Feb., 1848.

G. F. J. COLBURN.

SUMMARY OF PROF. VELPEAU'S LAST SURGICAL REPORT.—NO. IV.

BY F. WILLIS FISHER, M.D.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 81.]

CIRCUMSCRIBED PHLEGMON; ITS CAUSE; ITS TREATMENT—ABSCESS; PARTICULARITIES ACCORDING TO THE REGIONS—IMPORTANCE OF SURGICAL ANATOMY.

SIMPLE phlegmon has occurred in 14 patients as the principal disease, and all got well under the treatment employed for their recovery. It may be well to compare the history of simple with that of diffuse phlegmon. Although there are great differences between these two affections, yet there are also certain intimate analogies. To those persons who do not study them with sufficient care, these two affections may appear alike, and it is on this account that years elapsed before a clear and decided distinction was established; even Boyer himself did not insist upon this subject. In simple phlegmon there is swelling, redness, heat and pain, which occur as well in circumscribed as in diffuse phlegmon, both of which are an inflammation of the cellular tissue. In what, then, do they differ? In this, that simple phlegmon always observes a limited boundary a little distant from the disease; that is to say, an adhesive inflammation is established all around, which tends to put a limit to the progress of the disease; on the contrary, there is nothing like this in diffuse phlegmon, which tends incessantly to invade the neighboring parts. Diffuse phlegmon presents itself rather in a patch than in the form of a tumor; it spreads in a sheet, occupies the surface for a great extent, and gains little in depth. Circumscribed phlegmon presents itself in the form of a conoid tumor. We know that the other differential characteristic is mortification; the inflammation of diffuse phlegmon is a gangrenous inflammation, which does not take place in circumscribed phlegmon, which passes through its periods without producing mortification. These are the manifest differences which it is necessary always to consider as diagnostic. As these differences exist, we naturally seek an explanation why two affections that appear at first sight so much alike, present such differential characteristics. Diffuse phlegmon must depend upon a specific cause, or its differential characters are to be attributed to an organic arrangement—a cause entirely mechanical. It would be more satisfactory to the mind, perhaps, to attribute these peculiarities to a specific cause,

but this is not reasonable. Simple phlegmon may become diffuse, and diffuse phlegmon simple; there is then something organic and mechanical which governs the differences. According to Velpeau, diffuse phlegmon occupies the profound layers of the sub-cutaneous cellular tissue; this inflammation marches between these layers in the course of the aponeuroses, which evidently favors the inflammation, the obliteration and the destruction of the vessels which are distributed to the cellular tissue, &c. In circumscribed phlegmon, the inflammation occupies the superficial layer of the sub-cutaneous cellular tissue, that is to say, the *felted* layer, which has already been spoken of. This tissue being little permeable, and but susceptible of infiltration, the phlegmasia does not tend to spread largely in it to produce gangrene. If the inflammation is circumscribed, it does not, by the lesions that it causes them to experience, prevent the small vessels of the neighboring parts from keeping alive and vivifying the part where it is developed. Few of these vessels may be obliterated, and when this happens the neighboring ones supply their place. Unfortunately, these remarks can be applied only to the sub-cutaneous cellular tissue; the same cannot be said of simple and circumscribed phlegmon which occupies the depth of the limbs. This limitation of the phlegmon is owing to the adhesive process; but why this adhesive process in one case and not in the other? Finally, anatomy cannot show us the physical, mechanical cause that we have at first supposed, and on the other hand we have seen that it was not always possible to make out the specific cause. The circumscribed phlegmon, moreover, shows itself in different regions, like erysipelas, contusions, sanguine effusions; and in each of them it acts differently by reason of the influences we have already enumerated, and the influence of weight, permeability, density and compression. This last cause plays an important part in the march of phlegmon. Moreover, all these conditions are very important to note for diffuse phlegmon; simple phlegmon has a form which is always subordinate to these conditions. If the phlegmon is developed in the middle of the thigh, and is sub-cutaneous, the forces of weight, the permeability of the cellular tissue, the density, &c., will be counterbalanced, and the phlegmon will not be developed even in one direction sooner than in another; if it is situated in the centre of the limb, it will in general tend to descend. The compression has always an important influence when the phlegmon is established in the centre of the limb. There are cases in which its progress will be upwards or downwards, according as it is developed at a point a little higher or lower, in the limb. Thus, we know that the sartorius muscle crosses the thigh diagonally. If the phlegmon is established above this muscle, it will have a tendency to progress upwards; if situated below this muscle, the circumscribed phlegmon will tend to descend, because the muscle opposes its ascendant march. According as the phlegmon occupies a place to the right or left of the sartorius, it will go on progressing in one sense or the other. The adductors may

drive the phlegmon outwards; if it is developed in the triceps, it will extend in a variable manner according to the cases. The prognostic and therapeutics of simple phlegmon, do they differ from those of diffuse phlegmon? Simple phlegmon is not a grave disease, and often disappears when abandoned to the resources of nature. The treatment that ought to be employed is very simple, and if we take it in season we may prevent suppuration being established. We may even hope for resolution as late as the sixth or seventh day, because it is not the same here as in diffuse phlegmon; there is no gangrene or mortification of the tissues, which acting like foreign bodies, determines the formation of pus whatever we may do. Resolution may sometimes be obtained without resorting to incisions with the bistoury; we obtain it by covering the phlegmon, which has already commenced to suppurate, with large flying blisters.

These blisters have an action truly energetic; they may cure the disease in its earliest stage, before the suppuration is yet formed; it is then an excellent means; but we may sometimes also cure when pus is already formed. Velpeau has made use of this means for upwards of 15 years, and has always had satisfactory results. Antiphlogistics *par excellence* may be employed; general local bleedings, leeches, cuppings, ought to be employed during the first five or six days. But the means to which we ought to accord the greatest degree of confidence, is undoubtedly the bistoury. To cure diffuse phlegmon, a certain number of openings are necessary, and they should be large enough to establish an easy route to the mortified parts which kept up the suppuration. In case it is only necessary to make a small opening, at what period must it be made? In laying aside the unwillingness of the patient for the incision, we ought to make the incision as soon as called; it is an operation which favors much the resolution of the inflammation. Surgeons by turns have adopted different opinions; some have wished that the incision should be made early; others are of opinion that it is necessary to delay the opening a longer or less time; some even leave the phlegmon to turn to an abscess, and leave the abscess to open spontaneously. We have given our opinion, says Velpeau, and assumed our position, and know that we are in the minority; for the method which in this case best pleases the patients is the least useful, and will undoubtedly remain popular. Certain surgeons prefer to temporize because they are not adroit in the handling of the bistoury, and consequently have little decision and often little confidence; others allow themselves to be controlled by their patients; finally, a third class, more desirous of the approbation of the people than of the health of their patients, although convinced of the excellence of the means, do not employ it. Good faith, honesty and zeal of the profession, yield to unworthy influences. If we leave the suppuration to establish itself, a portion of the part becomes thinner, wasted, mortified and disappears. The suppuration once established, the abscess opens spontaneously, and a considerable time is necessary that the wound may be

emptied and dried up. The cicatrization is difficult. The lamellæ of the surrounding cellular tissue are the seat of an induration which disappears slowly, but which may last an extremely long time, occasioning a greater or less deformity. All these inconveniences will be so much more considerable, as the spontaneous opening of the abscess rarely happens at the point most favorable for the discharge of the pus. On the contrary, if the opening is made by the hand of the surgeon, he chooses the point most favorable for the discharge of the pus, which will direct itself towards this early opening, because at this place there is less pressure. The opening may be made before the tissues have become thinned and denuded, in which case the loss of substance being less, the inflammation being less in extent and duration, there will be much less induration, less deformity in the tissues. After the incision, the phlegmon—all becomes supple, and tends to a prompt healing; moreover, when the surgeon has made the incision early, the suppuration is always less abundant. We will add one thing more, which astonishes much, and this notwithstanding we have often seen it pass under our notice, that the incision has an influence not only on the march and gravity of the suppuration already established, but it may even prevent its occurrence, and with facility; to give only one example, some time since we saw M. Velpeau plunge a bistoury into a non-suppurated, circumscribed phlegmon situated under the lower jaw, and as soon as the following day the inflammation commenced to be resolved. It is a practice that Velpeau extols without fear of the results, and urges its adoption with perfect confidence, for it is founded on the most positive, the most conclusive clinical facts; and this method will be resorted to in all cases of phlegmons that occur in the regions where it is of the highest importance to avoid suppuration. For example, we know what may result from an abundant suppuration established in the neck, we know where the pus that is formed may spread, and what may result from its accumulation in the neck and the thoracic cavity. The phlegmon that has proceeded to suppuration should always be opened. There have been 48 examples of inflammatory abscess. Abscess in itself is not properly an inflammation. Abscess indicates a previous inflammation; it is an effect of another disease, and an effect excessively common, since this other disease, inflammation, is very common, and suppuration is the most frequent termination of this disease; we speak of the inflammation which belongs to the surgical domain. Abscesses in general have been well studied, but we take this occasion to signalize a great defect in this study. In dictionaries and works we find long articles consecrated to this point of the science, but we do not find even the study of abscess made according to the place where it is developed, or the region it occupies; we do not find particular descriptions of abscess in the hyoid, parotid, carotid, popliteal, &c. regions. It would seem as though sufficient was said on the subject when abscess was considered generally. Notwithstanding, how many important things are there to note with the greatest care, when the region which is the seat

of the inflammation is considered! Of late, writers have begun to perceive the necessity of this study. Thus, they have studied the abscesses of the axillary region; those of the iliac fossa and the groin have been treated of separately; but they have gone no farther. What resemblance, notwithstanding, is there, for example, between an abscess of the parotid region and one of the thigh? In regard to the cause of abscesses, have they studied the differences that parotid abscesses present, according as they are connected with the parotid, the ear, the cranium, the temporo-maxillary articulation, the pharynx, tonsils, mastoid process, the carotid, the jugular vein, the nerves or vessels of each of the parts of this region? Have the consequences of these abscesses been studied?—such as paralysis by lesions of the facial nerve, obliteration of the jugular vein, wound of the carotid artery, obliteration of the parotid canals, consecutive caries, &c. Have they well explained the cases where the pus spreads to a distance, opens into the pharynx, is fused the length of the pharynx, of the sheath of the vessels, and descends into the chest, thus giving rise to exceedingly grave accidents? All these different characters of abscesses, in these cases, are well explained by surgical anatomy. Thus, we see why abscesses of the sero-hyoid region do not tend to descend the length of the neck; because there is a strong and extended fibrous sheath adhering to the os-hyoides, which is opposed to the effects that the action of the weight would produce on the abscess. Thus, it is not sufficient to have studied abscesses in a general manner, we must study them in each region; and to study them with advantage in each region, we must possess an exact knowledge of surgical anatomy, and it is especially in this study that we can appreciate whatever is brought to the mind, in regard to these abscesses, which is positively and truly useful.

THE USE OF ETHER AND CHLOROFORM.

[The following remarks, by Dr. H. J. Bigelow, of Boston, on a subject first brought to the notice of the profession by himself, in the pages of this Journal, are from the February number of the Journal of Health, of this city, where they appear in answer to some queries proposed to Dr. B. by the editor of that work. Dr. B. has had much experience in the use of ether, and his opinion respecting its value and proper administration is entitled to consideration.]

It gives me great pleasure to be an instrument, however humble, of disseminating information upon this important topic. Subjoined are some of the results of my own experience with ether, and I have no doubt they will be recognized by those in the habit of administering this agent for surgical purposes.

As a general thing, the operating surgeon, who is occupied with his dissection, has not so good an opportunity for investigating the phenomena of etherization as he who administers the agent, or who overlooks the process. I rely, therefore, less upon the phenomena attending any

operations I have myself performed, than upon those exhibited by patients whom I have etherized for the operations of my surgical friends.

Considerable care is required in administering ether, or chloroform, through a protracted operation. The surgeon does not look for the first effect, but for the durable one. A delicate operation cannot be carried on in that state of partial unconsciousness which serves for the extraction of a tooth, but which still enables the patient to writhe and twist about, in spite of the efforts of the assistants. Nothing short of complete inebriation suffices for this purpose. Its chief indication is muscular contraction, of which a good test is the entire and passive flexibility of the arm. Nor is this always easily effected. The resistance of partial excitement, the spasm of the vocal chords, the voluntary holding of the breath, the livid color of the unarterialized capillary circulation, and, finally, though rarely, spasm of the whole muscular system, have each their influence, either in preventing the introduction of the vapor, or in deterring the surgeon from continuing the inhalation. The most formidable of these symptoms, those of *partial asphyxia*, have never seemed to me of importance, as long as provision was made for the free admission of oxygen with the vapor; upon the ground that an equal degree of lividity was observable in a paroxysm of whooping cough, or especially in a hysteric fit, where, as soon as the system feels peremptorily the necessity of air, the muscles relax and the patient inspires. Such is precisely the fact in the process of etherization. The patient, who has refused to breathe for perhaps twenty seconds, and has become livid, suddenly takes the long-needed inspiration. This is the moment, of all others, for the introduction of the vapor, which does not materially displace the required oxygen, but enters with it and very soon effects the anæsthetic state. I have always observed that when a patient resists, requiring, perhaps, a great force to secure him, or utterly refuses to inhale, the next long inspiration is very apt to bring about the desired degree of narcotism.

I have frequently maintained this narcotism for a period of thirty minutes, and occasionally longer, by carefully watching the pulse, and temporarily discontinuing the process upon the slightest diminution of its frequency or force. This profound narcotism, which can always be produced, and which I have, since the first experiments, advocated and invariably aimed at, is lately beginning to be recognized as essential, both here and abroad; and we hear less of the remarks, or struggles, or outcries of the patients, during operations. They are, in short, *asleep*. And I believe that, within a short time, no surgeon will commence a formidable or a nice operation upon an etherized patient who has not arrived at this stage of *anæsthesia*.

Thus much with regard to the dangers of ether, which I believe to be, in experienced hands, inconsiderable. Other risk is rare, and probably not greater than that resulting from a grain or two of *opium*, given to the same patients.

The stage of complete inebriation is not, however, to be attempted by those unaccustomed to the phenomena of etherization, or of disease; the

symptoms, which should indicate a suspension of inhalation, might, if overlooked, lead to serious results.

For dental purposes, let a sponge, or open tube containing one, be applied to the mouth, the nose being held. Inhalation should be of *air impregnated with ether, and passing through it, and not of ether alone*, as from a shut bag or sac. When the patient refuses to open his eyes upon being told so to do, the tooth may be removed, and the movements of the patient, if they occur, are of little moment. For several teeth, protract the inhalation a little. I have so *prenarcotized* a little girl in this way, that I was able to perform the whole operation for hare lip, before the return of consciousness.

No sensible and unprejudiced man has disputed the good effects of ether, and its value is incalculable.

I have had a good opportunity of testing the effects of chloroform in my own and other operations, and have used no ether since its introduction. It seems to me to be thus far identical with ether in its effects: much stronger and portable (I should say two ounces would go as far as a pint of ether, that amount of each being now sold at 75 cents). It does not infect the clothes, is less irritating to the lungs, and is at first quite palatable to the patient. It must, I think, supersede "ether," of which it is but a variety. The only additional precaution required in its use, is the interposition of a tube, or other medium of inhalation, between it and the lips, an arrangement which will readily suggest itself to any one who has experienced its efficiency as an external stimulant.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 1, 1848.

American Surgery in India.—Dr. Scudder, in the service of the American Board of Commissioners for Foreign Missions, is taking high ground at Madura, as a surgeon. He seems to be frequently performing operations that would redound to his reputation in any country. In one of the latest communications, notice is taken of the removal of "about nine inches of thickened, hardened flesh, extending from the calf of the leg to the thigh, at a considerable distance above the knee." The patient was a boy. He amputated the limb of a young girl above the knee. A tumor was removed from above the eyelid of an interesting young girl, of twelve. An operation was also performed on the knee of a Tamil woman. Cataracts are common. He speaks frequently of applying nitric acid, to create a sore, externally—once in the case of a diseased hip, also of a diseased knee and a wrist. On another occasion, a tumor was taken out from the upper part of the back, very large—being twenty-three inches in circumference. "Our surgical cases," he says, "multiply. Have had nine or ten new ones to-day, besides old cases. Operated for cataract this morning. This afternoon, amputated a cancerous finger, at the upper joint: the other operations of the day have

been of little importance. There were fifty people, or more, here this afternoon, at one time." "Through the kindness of one of my relatives in Baltimore, my daughters have a melodeon, and through the kindness of two ladies in Boston, I have a lathe. These, with a small orrery, have excited a vast deal of curiosity."

With Dr. Parker at Canton, Dr. Scudder at Madura, and Dr. Winslow (late of Nantucket) at the Sandwich Islands, the great republic of the new world bids fair to have its surgical skill satisfactorily represented in the old.

Syrup of Sarsaparilla.—Viewing the sarsaparilla trade, here at the North, with distrust, and believing that schemes for getting rich were never more successfully conducted than in connection with this article—and also believing that there is a vulgar mania for taking any thing and every thing that passes under the talismanic name of sarsaparilla, a new claimant for competition must possess some true medical character, to call our attention to this over-done subject. Drs. Mansfield and Willis, of South Reading, Mass., have introduced a new compound, which they are sanguine in saying possesses valuable properties. Frankly, and without hesitation, they have published the formula, as follows: "Take of sarsaparilla, 2 lbs.; guaiacum wood, liquorice root, senna, and red roses, of each four ounces; these, after bruising, are put into 10 pints of diluted alcohol, to digest fourteen days. It is afterwards evaporated by means of a water bath, down to four pints and a half, after which 8 lbs. of sugar are added, and formed into a syrup. A few drops of some of the essential oils serve to give it a pleasant flavor." The names of the manufacturers, known in this community, are calculated to give character to their medicine.

Foster's Trusses.—For many years, Mr. J. F. Foster, Washington street, Boston, has occupied himself exclusively in a single branch of mechanical business, in which, according to the general observation of mankind, he must be far more perfect than he otherwise would have been. It is by a constant devotion to one kind of manufacture that artisans become expert, and achieve that degree of perfection which is the natural result of concentrating all their powers upon the attainment of one object. To make trusses that shall fully answer the intention of those instruments, has uniformly been his ambition. The profession have borne frequent and willing testimony to Mr. Foster's determination to meet, and, if possible, overcome the difficulties of each individual case. But it does not belong to humanity to substitute artificial for natural parts, so that they shall equal the condition in which nature formed them. However, a gratifying approximation is gained, since, without these outside adjustments to brace back the pressure of organs from within the abdominal cavity, the world of hernial unfortunate would be in a sad condition. We used to reflect with much pleasure upon the ingenious mechanism of trusses, and not unfrequently thought that the true construction had been finally attained. But with more experience and observation, we have finally arrived at the opinion, that the best truss is the one that answers best for any individual case. One plan answers well for one person, but could not be tolerated in another; and hence the positive advantage of having a pad fitted to the breach, in every instance, as a shoe should be fitted to the foot, to be worn with comfort. A nice mechanic, therefore, understanding the nature of these lesions, varies his

instruments to all the circumstances characterizing each individual—and this is the line of business Mr. Foster pursues.

Medical Association in Ohio.—No State Medical Society exists, we believe, in Ohio. An annual convention is an approximation to it, but that is all. An expression of a desire for something like a distinct medical organization, embracing all the practitioners of the State, has been uttered, but such an organization has not yet been attained. The counties of Adams, Brown and Clermont, have united in the formation of a society, under the modest title of Association, for the mutual benefit of the members, and the advancement of medical science. Although the society was instituted in May last, a transcript of the proceedings has been but recently received. Dr. P. J. Buckner, of Georgetown, is President. Meetings are to be held alternately at Georgetown, Batavia, and West-Union, on the first Wednesday of May and November, each year. The constitution is easily understood: there are no obscurities, and it bids fair to gather within its folds a great body of the best medical talent in the region. A code of medical ethics, and by-laws, are drawn up with a prudent care, and with reference to that perpetual harmony which should characterize the members of a liberal profession. If the fee-table is scrupulously observed, it will be more than has been done in other places with a similar specific tariff of charges. A few gentlemen are sure to get not only the specific allowance of the fee-table, but some more besides; while those beginning medical life, of less experience or weight of reputation, hardly get half of the fees to which they are entitled. Fee-tables, like the usury laws, are shamefully violated.

Medicinal Plants in New York.—Charles A. Lee, M.D., Professor of Materia Medica in Geneva Medical College and the University of Buffalo, has prepared a full and satisfactory catalogue of the medicinal indigenous and exotic plants growing in the State of New York, with a brief account of their composition and medical properties. It was first published in the New York Journal of Medicine, edited by himself, and is now issued in a pamphlet. Although the botanists had prepared the way for him, it is obvious that he has had a critical and laborious research to produce this mass of exact information. There are, according to this pamphlet, 462 species of non-medicinal plants in that State, and 1020 medicinal ones. There are 75 natural orders, containing this large number of species—a part of which only, says Dr. Lee, are yet known to possess remedial properties. In a few words, all that is known of each plant is clearly expressed, and we are impressed with the conviction that this publication will prove of singular utility to practitioners. There can be but little difference existing between the plants of the region Dr. Lee has surveyed, and those of New England. Presuming, therefore, that the catalogue will be equally serviceable here, we urge it upon the consideration of practitioners generally.

Spermatorrhæa.—Mention was made, last week, of the republication, at Philadelphia, of M. Lallemand's Treatise on Spermatorrhæa. A vast mass of practical information is contained in this work, illustrated by cases as various and extraordinary as can reasonably be supposed ever to exist. The researches are calculated to make obscure points clearer than they

have heretofore appeared. Deductions from facts are precisely what practitioners want. The author is practical, clear and distinct, and at the same time philosophical in his views. The book will be read with avidity, wherever it circulates. The whole treatise is a kind of narrative of practice, and therefore quite interesting, aside from the lessons of experience derived from it.

Disorders of the Cerebral Circulation.—Among the excellent things of the day, in the way of medical literature, is a treatise on the "Disorders of the Cerebral Circulation; and on the connection between affections of the brain and diseases of the heart. By George Burrows, M.D.," &c., with colored plates. It is from the press of Lea & Blanchard, Philadelphia. The re-publication of this very acceptable book, is calculated to stimulate American physicians to accurate research into this important field of inquiry. Dr. Burrows is a pleasant writer, who evinces a degree of candor in his observations, that wins the confidence of the reader. The plates are colored, which very much facilitates one's progress in *post-mortem* examinations. There are seven sections, equivalent to that number of long chapters, embracing, 1st, the peculiarities of the circulation in the brain; 2d, the vascular pressure within the cranium and its influence on the functions of the brain; 3d, observations on apoplectic coma; 4th, the connection of apoplexy and hemiplegia with diseases of the heart; 5th, observations on the treatment of apoplexy and hemiplegia; 6th, on the influence of diseases of the heart in exciting functional disturbance of the brain; 7th, affections of the brain and spinal cord, depending on acute diseases of the heart. To appreciate the value of this production of an earnest and accurate writer in a department which will be acknowledged to be an important one, it must be studied; and we think the reader will agree with us in the opinion that no one would willingly part with such a treasure, who has once found it. Ticknor & Co., Washington street, have both the above works.

Defence of Phrenology.—Mr. A. Boardman, of New York, the author of this book, whom we recognize as a tried soldier, who has been battling for years, in defence of a system that will stand as long as men are born with heads, still exhibits a praiseworthy valor. When Spurzheim died, a host of strange people started from hiding places, and boldly kicked the dead lion; still phrenology lives, and it is admitted by its opposers that it cannot die while philosophy is taught, or the elements of physiology and anatomy are recognized as elements of a finished education. This comprehensive book is an interesting record of the views of such as entertain a well-founded belief in the truths revealed by this extraordinary science. Three points are considered by Mr. Boardman:—1st, there is an essay on the nature and value of phrenological evidence; 2d, a vindication of phrenology against the attacks of Dr. John Augustine Smith; 3d, a view of facts relied on by phrenologists, as a proof that the cerebellum is the seat of the reproductive instinct.

Massachusetts General Hospital in 1848.—A copy of the late report of this institution was sent to the editor several days since, but it was mislaid,

and not found in season for the notice intended the present week. From page 10 to 46, the trustees have devoted to the history of the discovery of ether inhalation; and they have taken strong ground, too, in their 4th conclusion, in saying, "The whole agency of Dr. Jackson in this matter appears to consist in his having made certain suggestions, which led Dr. Morton to make the discovery—a discovery which had for some time been the object of his labors and researches." This will lead to a renewal of hostilities between the old parties—as might have been foreseen; but we have no intention of entering into the quarrel on either side.

Rush Medical College and the National Medical Association.—At a meeting of the Faculty of Rush Medical College, on the 3d of January, 1848, the following preamble and resolutions were unanimously adopted.

Whereas, a National Medical Association has been organized for the purpose of advancing the interests of the profession, whose recommendations have thus far been generally judicious and worthy of adoption; therefore

Resolved, That the Faculty recommend to the Board of Trustees the creation of a chair of physiology and pathology, and to increase the number of professors to seven, and that a course of Medical Jurisprudence be added to those now given in this institution.

Resolved, That attendance upon a Hospital during one session, and the pursuit of dissections for twelve weeks shall be required of all candidates for graduation.

Resolved, That we stand ready to comply with the remaining resolutions of the Association, so soon as they shall be generally adopted by the medical schools of the West, or when it shall be apparent that the interests of the profession require it.—*Illinois and Indiana Med. and Surg. Jour.*

Chloroform.—Several operations have been performed by Prof. Brainard with very satisfactory results, upon patients while under the influence of this new agent for producing insensibility to pain, which Prof. Blaney manufactured in the College laboratory.—*Ibid.*

TO CORRESPONDENTS.—A biographical sketch of the late Dr. Silas Fuller, and Dr. Chandler's case of Haemorrhage from Inguinal Tumor, have been received. Dr. Bedford's article did not arrive till the pages of the Journal were made up, and it is therefore deferred till next week, when it will be inserted.

Readers and correspondents are reminded that all statements of facts which are alluded to in the Journal as coming from correspondents, are received under the signature of some responsible name, although that name is not always published. When not so received, they are at once rejected. This has been, and will continue to be, our rule in this matter.

MARRIED.—In Boston, Dr. J. B. Holman to Miss S. L. Dudley; In Boston, Dr. Ed. Mattocks to Miss N. T. Smith.

DIED.—At South Norwalk, Conn. Dr. Francis Percival, 72.—At Claremont, N. H., Dr. Leonard Jarvis, 73.—At Marietta, O., Dr. Gilbert Watson, formerly of Newburyport, Mass.

Report of Deaths in Boston—for the week ending Feb. 26th, 52.—Males, 29—females, 23.—Stillborn, 2. Of consumption, 14—typhus fever, 11—lung fever, 1—dysentery, 2—disease of the kidneys, 1—inflammation of the lungs, 3—croup, 3—infantile, 2—inflammation of the bowels, 1—disease of the heart, 1—pleurisy, 1—marasmus, 2—hooping cough, 1—strangulation, 1—accidental, 2—brain fever, 1—convulsions, 1—smallpox, 1—intemperance, 1—old age, 2.

Under 5 years, 16—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 7—over 60 years, 4.

Bloomington Lunatic Asylum.—The 27th Annual Report of this Institution has just been published, and from it we learn that at the commencement of the year there were 131 patients in the Asylum, at its close there are 145. The highest average number for any month was 143 63-100 in November. The average for the year 137 74-100. The number admitted during the year is greater than that of any previous year since the institution was established, and more than twice as much as it was in 1843! 116 cases have been discharged: of these were cured, 58; much improved, 17; improved, 23; unimproved, 18; total, 166. Of the much improved, 4, and of the improved, 2, recovered entirely upon their return home. 7 males and 6 females died: of these, 5 lived but 15 days after admission; 4 had been here from 1 to 4 months each; 1 nearly 3 years; and 3 more than 5 years. As an appendix to the report, is a brief but interesting account of the buildings, grounds, and farm, and a comprehensive statement of the moral treatment which has been so successfully enforced by the able physician of the institution, Pliny Earle, M.D.—*N. Y. Analyst.*

Medical Miscellany.—An anomalous kind of disease is extensively prevalent at Cornunna, Michigan, which has swept off a number of the inhabitants.—The late bishop of Norwich, Dr. Bathurst, was the youngest of thirty-six brothers and sisters.—A popular course of Lectures on Physiology is being delivered, in Boston, by a Dr. Hollick.—The Boston Mercantile Journal is delighted with the Oxygenated Bitters, said to have been invented by Dr. G. B. Green, of Windsor, Vt., to cure dyspepsia.—Lectures have commenced at Brunswick College, Me.; class about the same as last year.—The unusual prevalence of fever in London is shown by the fact, that during the last thirteen weeks it has been fatal to 1248 persons.—The Norwich Mercury mentions that Wombwell's elephant, which was supposed to be more than 100 years old, died of extreme age on Thursday fortnight.—A young man in New Bedford, Mass., took a quantity of chloroform, for amusement, which threw him into convulsions, that continued sixteen hours without intermission. He finally recovered. It has been taken by a physician at Philadelphia, for asthma, with much advantage.—Dr. Winslow, in his Journal of Psychological Medicine, states that insanity is greatly on the increase amongst females of the working classes, and attributes it to the consumption of opium, which is frightfully on the increase.

ELECTRICAL ROOMS, 19 TEMPLE PLACE.—Boston, Jan. 1, 1848.

AVOIDING newspaper notoriety, still, I may be allowed, through the Journal, to "define my position." It is, to make Electrical Treatment, in all available cases, auxiliary to the regular Profession. I assume not the title of "Doctor," as it does not legitimately belong to me, and only receive it from my medical friends and others, as a matter of courtesy or convenience. I have no fellowship with boasting medical reformers, nor with quackery in any of its forms, and I must confess that even Electricity is not an infallible remedy for all the ills of life. This will be seen in my Report of Dec. 1, 1847, to which I would respectfully refer the Profession, as presenting useful data with regard to this agent. The Report shows the results of my practice in this city for three years and three months. It embraces 1174 patients, presenting 1760 cases, and 70 classes of complaints, with the average amount of treatment in each class. I am impressed with gratitude to a large number of the Profession in this city and elsewhere, for their kindness and confidence, and will endeavor not to abuse it. Many of my medical friends have found that patients, under electrical influence, have exhibited an increased susceptibility to medicine, and consequently have had more rapid recovery under the combined treatment. My improved apparatus for the development and combination of Electricity, Galvanism and Magnetism, in a peculiarly modified form, makes its judicious administration, safe, agreeable, and unexceptionable, under any circumstances. Although too complicated and unwieldy to be portable, these improvements are invaluable to me for house patients. While observation in various quarters proves that an agent so powerful as Electricity cannot, in any form, be tampered with as a family medicine, nor by careless and inexperienced empirics, still, its judicious employment may often be of essential service, in connection with the medical skill of the family physician. Its injudicious use may aggravate a complaint, or arouse and develop some latent disease, requiring still more intelligent attention for its alleviation. It is therefore desirable that the Electrician may possess sufficient knowledge of these occasional phenomena, and the proper course of electrical treatment, not only to render these developments harmless, but cause them, aided by the intelligent physician, to subserve a beneficial purpose. The experience of all observing electricians must convince them that great caution and judgment are indispensable in managing complicated chronic cases, and make them feel the necessity of acting under the information and with the advice of the family physician; and therefore, the true and most honorable position for an Electrician is, an unassuming auxiliary to the medical profession.

Dec. 28—tf

JOHN B. CROSS, Medical Electrician

DR. JARVIS'S ADJUSTER.

THIS newly-invented instrument for reducing fractures and dislocations.—Also, single and double pad Glass Trusses, Reinhardt's manufacture, and Dr. Cutter's Abdominal Supporters, for sale by N. HUNT Surgical Instrument manufacturer, 128 Washington street. Sept. 30.—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States, can procure ten quills charged with PURE VACCINE VIRUS by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.